



Dialysis Incident Form

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OMB No. 0920-0666
Exp. Date: 02-29-2008

*required for saving Facility ID#:	Event #:	
*Patient ID#:	Social Security #:	
Secondary ID#:		
Patient Name, Last:	First:	Middle:
*Gender: F M	*Date of Birth:	
*Event Type: DI	*Date of Event:	
*Location:		
Risk Factors		
*Vascular accesses: (check all that apply)		
<input type="checkbox"/> Graft <input type="checkbox"/> Fistula <input type="checkbox"/> Temporary central line <input type="checkbox"/> Permanent central line <input type="checkbox"/> Port access device		
Event Details		
*Specify Incident (check one or more)		
<input type="checkbox"/> Hospitalization <input type="checkbox"/> In-unit IV antimicrobial start. If checked, was IV vancomycin started? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Patient with a positive blood culture		
*Problem(s): (check one or more)		
<input type="checkbox"/> Pus, redness, or increased swelling at vascular access site If applicable, circle the access with pus, redness, or increased swelling: 1=graft 2=fistula 3=temporary central line 4=permanent central line 5=port access device <input type="checkbox"/> Vascular access problem <u>without</u> infection (clotting, bleeding, etc.) <input type="checkbox"/> Fever (>= 100°F oral or >= 101°F rectal) <input type="checkbox"/> Wound (NOT related to vascular access) with pus or increased redness <input type="checkbox"/> Cellulitis (skin redness, heat, or pain without open wound) <input type="checkbox"/> Pneumonia (a new infiltrate or pneumonia seen on chest X-ray) <input type="checkbox"/> Respiratory infection not meeting above criteria for pneumonia (e.g., bronchitis) <input type="checkbox"/> Urine culture with >100,000 organisms/ml with not more than 2 species isolated <input type="checkbox"/> Cardiovascular event (chest pain, heart attack, other heart problem, stroke, etc.) <input type="checkbox"/> Other (specify) _____		
*Blood Culture (check one): <input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Unknown <input type="checkbox"/> Not done		
*If positive, suspected source of positive blood culture (check one):		
<input type="checkbox"/> Vascular access <input type="checkbox"/> A source other than the vascular access <input type="checkbox"/> Contamination <input type="checkbox"/> Uncertain		
*Pathogens Identified: Yes No *If Yes, specify on page 2 →		
Custom Fields		
Label	Label	
_____ / _____ / _____	_____ / _____ / _____	
_____ / _____ / _____	_____ / _____ / _____	
_____ / _____ / _____	_____ / _____ / _____	
_____ / _____ / _____	_____ / _____ / _____	
_____ / _____ / _____	_____ / _____ / _____	
_____ / _____ / _____	_____ / _____ / _____	
Comments		
Assurance of Confidentiality: The information obtained in this surveillance system that would permit identification of any individual or institution is collected with a guarantee that it will be held in strict confidence, will be used only for the purposes stated, and will not otherwise be disclosed or released without the consent of the individual, or the institution in accordance with Sections 304, 306 and 308(d) of the Public Health Service Act (42 USC 242b, 242k, and 242m(d)). Public reporting burden of this collection of information is estimated to average 12 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC, Reports Clearance Officer, 1600 Clifton Rd., MS D-74, Atlanta, GA 30333, ATTN: PRA (0920-0666).		
CDC 57.75E (Front) Effective date 11/01/2005		

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Pathogen #	Gram-positive Organisms											
_____	Coagulase-negative staphylococci	VANC	SIR N									
_____	<i>Enterococcus faecalis</i>	AMP	DAPTO	LNZ	PENG	VANC	SIR N	SIR N	SIR N	SIR N	SIR N	
_____	<i>Enterococcus faecium</i>	AMP	DAPTO	LNZ	PENG	QUIDAL	VANC	SIR N	SIR N	SIR N	SIR N	
_____	<i>Staphylococcus aureus</i>	CLIND	DAPTO	ERYTH	GENT	LNZ	OX	QUIDAL	RIF	TMZ	VANC	
_____		SIR N	SIR N									
Pathogen #	Gram-negative Organisms											
_____	<i>Acinetobacter</i> spp. (specify)	AMK	AMPSUL	CEFEP	CEFTAZ	CIPRO	IMI	LEVO	MERO	PIPTAZ		
_____		SIR N	SIR N									
_____	<i>Escherichia coli</i>	AMK	CEFEP	CEFOT	CEFTAZ	CEFTRX	CIPRO	IMI	LEVO	MERO		
_____		SIR N	SIR N									
_____	<i>Enterobacter</i> spp. (specify)	AMK	CEFEP	CEFOT	CEFTAZ	CEFTRX	CIPRO	IMI	LEVO	MERO		
_____		SIR N	SIR N									
_____	<i>Klebsiella oxytoca</i>	AMK	CEFEP	CEFOT	CEFTAZ	CEFTRX	CIPRO	IMI	LEVO	MERO		
_____		SIR N	SIR N									
_____	<i>Klebsiella pneumoniae</i>	AMK	CEFEP	CEFOT	CEFTAZ	CEFTRX	CIPRO	IMI	LEVO	MERO		
_____		SIR N	SIR N									
_____	<i>Serratia marcescens</i>	AMK	CEFEP	CEFOT	CEFTAZ	CEFTRX	CIPRO	IMI	LEVO	MERO		
_____		SIR N	SIR N									
_____	<i>Pseudomonas aeruginosa</i>	AMK	CEFEP		CEFTAZ	CIPRO	IMI	LEVO	MERO	PIP		
_____		SIR N	SIR N		SIR N	SIR N						
_____	<i>Stenotrophomonas maltophilia</i>	TMZ										
_____		SIR N										
Pathogen #	Other Organisms											
_____	Organism 1 (specify)	Drug 1	Drug 2	Drug 3	Drug 4	Drug 5	Drug 6	Drug 7	Drug 8	Drug 9		
_____		SIR N										
_____	Organism 2 (specify)	Drug 1	Drug 2	Drug 3	Drug 4	Drug 5	Drug 6	Drug 7	Drug 8	Drug 9		
_____		SIR N										
_____	Organism 3 (specify)	Drug 1	Drug 2	Drug 3	Drug 4	Drug 5	Drug 6	Drug 7	Drug 8	Drug 9		
_____		SIR N										

Drug Codes:

AMK = amikacin	CEFOT = cefotaxime	DAPTO=daptomycin	LNZ = linezolid	PIPTAZ = piperacillin/tazobactam
AMP = ampicillin	CEFTAZ = ceftazidime	ERYTH=erythromycin	MERO = meropenem	QUIDAL= quinupristin/dalfopristin
AMPSUL= ampicillin/sulbactam	CEFTRX = ceftriaxone	GENT=gentamicin	OX = oxacillin	RIF = rifampin
CEFEP = cefepime	CIPRO = ciprofloxacin	IMI = imipenem	PENG = penicillin G	TMZ =trimethoprim/sulfamethoxazole
	CLIND = clindamycin	LEVO = levofloxacin	PIP = piperacillin	VANC = vancomycin

Result Codes:

S = Susceptible I = Intermediate R = Resistant N = not tested